

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ROMNEY FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

MS. MARIA CHRISTINA GORDON

Mailing Address 805 MOUNT AUBURN STREET
APARTMENT 44

City	State	Zip Code
WATERTOWN	MA	02472-1544

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17.2037689

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	2

CONTRIBUTION

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR. MICHAEL L. GORDON DMD

Mailing Address 3544 SPRINGDALE ROAD

City	State	Zip Code
CINCINNATI	OH	45251-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICHAEL L GORDON DMD INCOccupation
PEDIATRIC DENTIST

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

271.00

Transaction ID : SA17.1991735

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	2

CONTRIBUTION

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

PETER GORDON

Mailing Address 1180 BAY ST.

City	State	Zip Code
ROCHESTER	NY	14609-4857

FEC ID number of contributing
federal political committee.

C

Name of Employer
REGIONAL TRANSIT SERVICEOccupation
CITY BUS DRIVER

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17.1768386

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	2

CONTRIBUTION

Amount of Each Receipt this Period

25.00

Subtotal Of Receipts This Page (optional).....

375.00

Total This Period (last page this line number only)